UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1452113

OMB Number: 3235-0076 Expires: November 30, 2008 Estimated average burden hours per response.....16,00

SEC USE ONLY					
Prefix	Serial				
DAT	VED				

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Name of Offering (che Intana Capital, LP	ck if this is an amendment and name has changed, and indica	te change.)	
	es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) THI OF	·-·
		Section 4(0) LI OLOE	
Type of Filing: New F		CATION BATH	
	A. BASIC IDENTIFICATION	CATION DATA	
 Enter the information r 	<u> </u>		
·	if this is an amendment and name has changed, and indicate	change.)	
Intana Capital, LP			
Address of Executive Offi		Telephone Number (inc	
c/o Roundtable Investme		(212) 488-5470) (KANI) ARIAN JANIA ARIKA ARIKA ARIKI
280 Park Avenue, 23rd I	Floor - East	1	
New York, NY 10017			1 (2 2 km)
	ness Operations (Number and Street, City, State, Zip Code)	Telephone Number (inc	A TAKEN AND THE PART THE PART OF THE PART AND THE
(if different from Executiv	ve Offices)		08065446
Brief Description of Busir	ness		
Private investment fund.			
Type of Business Organiz	ation		·
corporation			
		other (please specify):	
☐ business trust	☐limited partnership, to be formed		PROCESSED
	Month Year		, , , , , , , , , , , , , , , , , , , ,
Actual or Estimated Date	of Incorporation or Organization: 0 3 0 6		DEC 1 6 2000
lurisdiction of Incorporati	on or Organization: (Enter two-letter U.S. Postal Service abb	anniation for State	DEC 1 6 2008
Jurisdiction of incorporati			
	CN for Canada; FN for other for	oreign jurisdiction) D E	TUOMCON DEUTEDO
GENERAL INSTRUCT	IONS		THOMOUNICOLLING

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC II	DENTIFICATION DAT	îA	
o n					
2. Enter the information rec	•	. •	. A - Male Control of the control of		
-			ed within the past five ye		0 1
X Each beneficial or of the issuer;	wner having the	power to vote or dispose	e, or direct the vote or dis	sposition of, 10	% or more of a class of equity securities
X Each executive of	ficer and directe	or of corporate issuers ar	nd of corporate general ar	id managing pa	rtners of partnership issuers; and
X Each general and	managing partn	er of partnership issuers.			
		1			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☑ General Partner
Full Name (Last name first, Intana, LLC	if individual)	,			
Business or Residence Addr c/o Roundtable Investment Pa				017	
Check Box(es) that Apply:	⊠ Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Intana Management, LLC	if individual)				
Business or Residence Addr	ress (Number an	d Street, City, State. Zip	Code)		
c/o Roundtable Investment Pa	artners LLC, 280	Park Avenue, 23rd Floor	- East, New York, NY 10	017	
Check Box(es) that Apply:	⊠Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Roundtable Managers LLC	if individual)	!			
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)		17 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c/o Roundtable Investment Pa	ertners LLC. 280	Park Avenue, 23rd Floor	- East, New York, NY 10	017	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				

☐ Executive Officer

☐ Executive Officer

□ Director

□ Director

☐ General and/or Managing Partner

☐ General and/or Managing Partner

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Beneficial Owner

☐ Beneficial Owner

Promoter

Check Box(es) that Apply:

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

					1 I	B. INFO	RMATIC	N ABOU	T OFFER	RING					
1,	Has the	e issuer sol	d, or does t	he issuer in	tend to sell	, to non-acc	redited inv	estors in thi	s offering?		***************************************			Yes	No ⊠
					1	Answer also	in Append	lix, Column	2, if filing	under ULC	Œ.				
2.								\$ 750.	*000						
3.								Yes	No						
								⊠							
4.	remune person	eration for or agent of	solicitation f a broker o	of purchase or dealer reg	ers in conne istered with	ection with the SEC a	sales of sec	urities in th a state or st	e offering ates, list the	If a person name of the	to be listed te broker or	nission or si l is an assoc dealer. If r broker or d	iated more than		
Full N N/A	Vame (La	ast name fi	rst, if indiv	idual)	;										
Busir	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)								•
Name	of Asso	ciated Bro	ker or Deal	er	1										
States	s in Whic	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers	<u>.</u>							
	(Check '	'All States'	or check i	ndividual S	tates)			***************************************		•••••••	🗆	All States			
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] {MN] {OK] {WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N			rst, if indiv		;	[01]	[1]	IVA	[wA]	[WV]	[WI]	[WI]	[rK]		
Busin	ess or R	esidence A	ddress (Nu	mber and S	Ireet, City,	State, Zip C	Code)								
Name	of Asso	ciated Bro	ker or Deal	er			_								
States	in Whic	h Person 1	isted Has S	Solicited or	Intends to	Solicit Purc	hasers								
(Chec	k "All S	tates" or ch	neck individ	Jual States)				••••••	***************************************			All States			
	(AL) (IL) (MT) [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	lame (La	ist name fii	rst, if indivi	idual)			-								
Busin	ess or Re	esidence A	ddress (Nu	mber and St	reet, City,	State, Zip C	Code)								
Name	of Asso	ciated Broi	ker or Deal	er								· · · · · · · · · · · · · · · · · · ·			
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers	•					_		
(Chec	k "All S	tates" or ch	eck individ	lual States).			***************************************					All States			
	[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		

[TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING	FRICE, NOMBER OF INVESTORS, EXTENSES AND USE OF	INOCEEDS	
1.	"0" if answer is "none" or "zero." If the trar	ies included in this offering and the total amount already sold. Enter is saction is an exchange offering, check this box and indicate in ities offered for exchange and already exchanged.		
	Type of Security		Aggregate Offering Price	Amount Already Sold
			\$	s
	Equity	i	\$	s
		☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		\$	s
			\$ 17,835,749	\$ 17,835,749
	Other (Specify)	1	S	S
	Total		\$ 17,835,749	\$ 17,835,749
		Answer also in Appendix, Column 3, if filing under ULOE.		· <u></u>
2.	the aggregate dollar amounts of their purcha	redited investors who have purchased securities in this offering and ses. For offerings under Rule 504, indicate the number of persons gate dollar amount of their purchases on the total lines. Enter "0" if	Number Investors	Aggregate
		·	·	Dollar Amount of Purchases
	Accredited Investors	.4	13	S 17,835,749
	Non-accredited Investors			S
	Total (for filings under Rule 504 only	/),		S
		Answer also in Appendix, Column 4, if filing under ULOE.		
3.		4 or 505, enter the information requested for all securities sold by indicated, in the twelve (12) months prior to the first sale of s by type listed in Part C - Question 1.		
	Type of offering		Type of Security	Dollar Amount Sold
	Rule 505			s
				S
	Rule 504	.!		s
	Total		•	s
4.	offering. Exclude amounts relating solely to	nection with the issuance and distribution of the securities in this organization expenses of the issuer. The information may be given ount of an expenditure is not known, furnish an estimate and check		
	Transfer Agent's Fees	 		s
				s
		1	\boxtimes	\$ 80,000
		·i		S
		·		s
		arately)		S
				S
		т. 	⊠	\$ 80,000
			X	- 001000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS			
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 17,755,749		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.				
		Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees	□ s	□s		
	Purchase of real estate	□s	□ s		
	Purchase, rental or leasing and installation of machinery and equipment	□s	□s		
	Construction or leasing of plant buildings and facilities	□s	□s		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ s	□ s		
	Repayment of indebtedness	s	□s		
	Working capital	□s	□s		
	Other (specify): Investments in securities and expenses necessary, convenient or incidental thereto.	□s	⊠ \$ 17,755,749		
	Column Totals	□s	⊠ \$ 17,755,749		
	Total Payments Listed (column totals added)				
	D. FEDERAL SIGNATURE				
n uı	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its state credited investor pursuant to paragraph (b)(2) of Rule 502.				
Int		ember 4 , 2008			
	me of Signer (Print or Type) Title of Signer (Print or Type) Seph M. Kopilak Authorized Person				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

